

KENTUCKY BOARD OF RESPIRATORY CARE

SUMMARY OF MINUTES

October 28, 2003

(If you would like additional meeting minutes, please make an Open Records Request to the KBRC Board.)

A regular meeting of the Kentucky Board of Respiratory Care was held in Lexington, Kentucky at 301 E. Main Street, Suite 850 on Tuesday, October 28, 2003.

Members present: Chairman Tom Floro, Dr. B. T. Westerfield, Klaus O. Becker, Janet R. Vogt, Bryan W. Tudor. Staff present: Peggy Lacy Moore and Rick L. Rose. Other: Cheryl Lalonde-Mooney, AAG.

Continuing Education

Ms. Moore and Ms. Vogt gave the Board an update on the recent NBRC State Licensure meeting they attended on September 19-20 in Kansas City, KS. Ms. Vogt informed the Board that the popular topic was the concern over non-credentialed personnel working in Polysomnographic Labs. She presented a handout from Cheryl West, Legislative Liaison with the AARC of those states who are currently pursuing some type of licensure and actions they have taken or are attempting to take in regard to Polysomnographic Techs.

Ms. Vogt told the Board that she learned from attending the NBRC meeting that some states have passed laws to include a "limited licensure for Polysomnographic Techs". Those states chose "limited licensure" simply because it was the easiest and quickest route to go. These states are now learning that "limited licensure" may make their profession vulnerable for other groups to also pursue limited licensure.

Some states are looking at and giving sleep techs a certain length of time to get certification or some type of licensure. These techs would need to provide credentials from an accredited school or training program making them eligible to be registered as a Polysomnographic Tech or Respiratory Therapist. From the advise of the other states this route was recommended as the safest to pursue.

Ms. Vogt stated the KBRC would report to the KSRC regarding this issue from the NBRC meeting. However, it would be the KSRC who would pursue any action regarding licensure movement for the Polysomnographic Techs in Kentucky. She will speak with James Jones; President of the KSRC prior to the next meeting of October 30, 2003 during the American Lung Association meeting in Lexington, KY.

Chairman Floro reported as of October 19, 2003, the amendments to 201 KAR 29:050, along with the updated renewal had cleared the Legislative process and become law. The new renewal form will be used for the 2004 renewal cycle to advise practitioners to list their five-carryover CEU submissions on the renewal form.

Janet Vogt presented the following statement to be posted on the KBRC website concerning CEU approvals commencing January 2004:

“For anyone submitting CEU approvals and starting in January 2004, all those applying for CEU approval must adhere to the following: Approval for on-line CEU, or those obtained through literature, is conditioned on proof of ten (10) pages of reading material and the program must be relevant to Respiratory Care to receive credit. Strictly product based programs submitted for CEU approval must all include clinical application with evaluation and research results. All programs submitted are evaluated by those individuals on the KBRC who serve on the CEU Education Committee.

Chairman Floro discussed the 2004 renewals and percent of audits regarding practitioners. A “random generator” under the windows program is used to select those individuals for the audits. The law allows up to fifteen (15) percent of those renewed to be audited. The Board agreed to stay with a ten (10) percent audit for the 2004 renewals.

New Business

Tony Hilbert, The Director of Respiratory Services at Kosair Childrens Hospital in Louisville, KY, appeared before the Board. The Director was seeking clarification on “whether or not an RT could start an IV”?

The Board agreed if an RT meets competency then RT’s can start IV’s within cardio-pulmonary procedures. Chairman Floro stated that ultimately hospital policy dictates whether the procedure can be performed by an RT.

Ms. Lalonde-Mooney advised that an RT’s scope of practice is limited to respiratory care procedures. She advised the Director to refer to the *Practice of Respiratory Care* for guidance as to what constitutes a respiratory procedure. She referred to the Laws wherein it talks about not only the cardio-pulmonary system but associated aspects of cardio-pulmonary and other system functions under 314A.100 (1) and 314A.010 (2) (a):

“314A.010 (2) (a): Practive of respiratory care” means the procedures employed in the therapy, management, rehabilitation, gathering of assessment information, or other procedures administered to patients with deficiencies or abnormalities which affect their cardiopulmonary system and associated aspects of cardiopulmonary and other systems functions. This includes but is not limited to:

- (a) **Provision of respiratory care procedures to ensure the safety, comfort, personal hygiene, protection of patients, and the performance of disease prevention and restorative measures”.**

KBRC meeting dates for calendar 2004:

Friday, February 13, 2004 – 9:30 a.m., Suite 850

Thursday, April 15, 2004 – Dinner meeting @ 6:00 p.m., in Lexington

Tuesday, June 15, 2004 – 9:30 a.m., Suite 850

Thursday, August 12, 2004 –Dinner meeting @ 6:00 p.m., in Louisville

Wednesday, October 13, 2004 – 9:30 a.m., Suite 850

Thursday, December 16, 2004 – 9:30 a.m., Suite 850

Chairman Floro reviewed an email regarding two questions:

1. **Can a respiratory therapist start IV's? – Yes**
2. **Can we push ACLS drugs in a code now? – NO**

Announcements

Mr. Tudor announced the KBRC would have a booth at the American Lung Association meeting during October 30-31, 2003 at the Embassy Suites in Lexington, KY.

Thomas G. Floro, Chairman